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ests, personal ties, a plethora of programs serving specific population groups, charismatic and controversial personalities, and recipients who are skilled in negotiating access to the state's resources" (p. 22).

The 2006 elite-backed coup ended the relationship between Thaksin and rural political society. In the post-coup period we have seen political conflict in Thailand centered around the contest of power between elites and peasants who mobilize under the banner of the Red Shirts. Contemporary peasant mobilizations, argues Walker, are the actions of rural political society to defend its relationship with the state. As he makes clear, "The red-shirt protesters have been defending political society's direct transactions with power in all its regular and irregular forms and rejecting the view that economic development and other matters of state should be guided by the elite embodiments of virtuous power located in the nation's capital" (p. 223).

The above account is the main argument of *Thailand's Political Peasants*. The book contains interesting evidence, analysis and insights on rural transformations and political contestation in contemporary Thailand that will be of benefit to students and scholars of Thai and Southeast Asian studies.

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Global Movements, Local Concerns: Medicine and Health in Southeast Asia

LAURENCE MONNAIS and HAROLD J. COOK, eds.

Singapore: NUS Press, 2012, xxxi+290p.

This edited volume contributes to the growing scholarly literature dealing with the history of medicine. The editors collaborated with 12 scholars of Southeast Asia to come up with an 11-chapter compilation dealing with six countries, Indonesia, Malaysia, the Philippines, Singapore, Thailand, and Vietnam. This is a difficult task to perform, as most scholarship tends to focus on one Southeast Asian country or a comparison between countries with similar histories, given that a characteristic of Southeast Asian countries is their diversity.

The volume begins by deconstructing the prevalent notion that the term "Southeast Asia" was constructed by North American scholars and its allies during the Second World War as a way to group the countries into "a community of nation-states." Southeast Asia, to quote Benedict Anderson, is an artificial construct and the region is "remote, heterogeneous, and . . . imperially segmented" (Anderson 1998, 5). Another strategy has been to group these countries according to the influences of the region's powerful neighbors, China and India. However, this proved to be insufficient with the migration of Arab, Chinese, and Indians to various countries fostering an image

of “plural societies.” It was only with the introduction of the Braudelian view of long *durée*—researching one topic over an extended period of time and analyzing material culture in the context of global history—that a framework for studying Southeast Asia as a whole became possible.¹⁾

The editors of the volume make clear that the chapters deal with issues of health rather than disease in the countries involved. The chapters avoid dealing with “colonial medicine,” and focus on the development of “modern medicine.” Hence, instead of colonial masters imposing their policies upon the locals, the chapters examine the negotiations between colonial masters and locals and the appropriation of medical practices and policies within a local context.

This is a welcome compilation for Southeast Asian scholars and those who study the history of medicine due to its ambition in attempting to tell the history of Southeast Asia using micro-level narratives and social histories. However, one of the main issues that arise out of any compilation on the history of Southeast Asia is the difficulty in grappling with the diversity that exists in region. This difficulty makes itself felt in the compilation and can be seen in the confusing order of the chapters from what initially seems to be chronological (chapters 1 to 8) to an abrupt transition to the modern period with chapter 9, and then back to a chronological order with chapters 10 and 11.

Thomas B. Colvin’s study deals with the expedition of Francisco Xavier Balmis, a doctor to the Spanish court who proposed to bring the smallpox vaccine to all of Spain’s colonies. The Balmis expedition brought the vaccine using the “human chain” method, which meant transporting a number of healthy young boys who had not been exposed to smallpox and transferring the vaccine from one boy to another until they arrived at the final destination. The Spanish monarchy approved the expedition in order to increase the population of the colonies that had been afflicted by smallpox and stimulate economic activity in the colonies. Despite encountering problems not only with the locals, but with the Spanish as well, the expedition was successful and would have further influence within the surrounding countries.

C. Michele Thompson narrates how the Nguyen Dynasty addressed the problem of smallpox and how officials transported the vaccine to Vietnam from France. The smallpox vaccination project was a long-term policy; however, the methods in transporting the vaccine introduced by the French proved to be unsuccessful, since it was brought via glass vials, which failed to preserve the live virus on its journey through the summer heat of the South China Sea. With the success of the Balmis expedition, the Nguyen court negotiated with the Spanish to obtain samples from Macao. The negotiations were successful, and the vaccine was transported safely to Vietnam.

Liew Kai Khiun’s study examines the Rockefeller Foundation’s (RF) International Health Board and assesses the influence of America in Southeast Asia. It tries to deconstruct the idea of the Americanism of the foundation as a form of imperialism, such as its anti-hookworm proposal

1) Taken from the citation of the compilation. For instance: Crosby (1986), Grove (1997), Zuckerman (2000), Elvin (2004), Cook (2007).

to the colonial officials of the Malay states. The study tries to differentiate the RF project from that of “colonial medicine,” given that RF relied heavily on consultations with local players and their monetary contributions as well as community mobilization. For example, the hookworm campaign implemented in Singapore and Thailand promoted medical research and education, and thus helped finance medical colleges. This project was able to popularize the ethos of western public health in Southeast Asia.

Annick Guenel studies the 1937 Bandung Conference on Rural Hygiene held by the League of Nations Health Organization. The conference gathered together various Asian countries to discuss and deal with issues on rural hygiene and asked each country to survey and provide a country report on health and medical services, rural reconstruction and collaboration of the populations, sanitation and sanitary engineering, nutrition, and measures for combating diseases. The reports presented by the countries carried varied information, given the reluctance of local authorities in their countries to disclose the information requested of them. Another issue was that of cooperation involving regional public health officials and local communities. The body identified the following as primary problems in the implementation of programs in the countries: peasant apathy, customary habits, and local superstitions and religious beliefs.

Raquel A. G. Reyes provides a smooth transition in the book with her study on midwifery in nineteenth century Philippines. Her chapter addresses issues regarding the mistrust harbored by Western medicine towards the practices of local midwives, who were also attacked by western-trained Filipino doctors. While the chapter deals with the concept of science versus superstitions, which is not unique to the Philippines, Reyes further develops her argument from a gendered perspective: most midwives were women and criticism of these women could be seen as a form of colonization of their bodies (both the midwives and pregnant women). Despite the concern with safety exhibited by Western medicine with regards to childbirth, the severe lack of trained professionals allowed for the continued existence of these midwives.

Liesbeth Hesselink continues on the same thread as Reyes in the context of the *Dokter Djawa* and the *Dukun*. The *Dokter Djawa* or locally born, Western-trained physician, was a creation of Dutch colonial rule. The Dutch sought to increase the numbers of trained professionals to service the populace of Indonesia. The *Dokter Djawa* occasionally used treatments prescribed by the *Dukun*. Furthermore, due to issues of trust, locals preferred to deal with the *Dukun*, who was a local medical provider capable of restoring spiritual potency that they believed to be the root cause of illnesses. However, the *Dukun* also realized the limitations of their abilities, and would occasionally ask for help from *Dokter Djawa*. Thus, we see in the Indonesian context an interesting coexistence between the *Dokter Djawa* and the *Dukun*.

Ooi Keat Gin's chapter deals with the anti-opium movement and its effect on the diasporic Chinese communities in Malaya. Western-trained Chinese physicians attempted to combat the practice of opium smoking by promoting the idea that it was bad for Chinese nationalism because

it promoted weakness and was a source of criminality. However, these anti-opium advocates went against a complex structure that included fellow countrymen and British colonials who were involved in the production and trade of opium. Nevertheless, the campaign played its part in eradicating the practice from British Malaya.

Michael G. Vann's chapter looks at the policies by which the French organized the city of Hanoi. The French embarked on developments and infrastructure within their settlements while leaving the fringes—where the Vietnamese were residing—to their own devices. Hence, during an epidemic, one would find discrepancies in the implementation of policies based on their location. The source of the epidemics originated from locals living in the peripheries, since infrastructure which promoted health and hygiene was grossly lacking within these areas. The failures of the colonial government were aggravated by policies such as forced inoculations, the examination of the dead and the criminalization of the sick among the Vietnamese, all of which provoked resentment and non-compliance.

An advantage of two interrelated chapters would be the ability to cover points that each individual chapter failed to discuss, although there is also the risk of needless repetition of the points discussed in a chapter, as with the chapters by Colvin and Thompson. Furthermore, one of the aims of the compilation is to move Southeast Asian studies beyond colonial history. Despite the efforts of authors to deconstruct the activities of the colonizers or international organizations such as the RF, traces of imperialism or neo-imperialism remain, since the solutions themselves come from the colonizers and organizations who did not “impose” their ideas, but rather “negotiated” with the local populace.

Yu-Ling Huang's chapter abruptly jumps to the contemporary period, thereby breaking away from the flow of the previous chapters. Huang provides a history of the HIV/AIDS issue and how it was addressed by various agencies and NGOs in Thailand from the 1980s to 2000s. The issue was compounded by the sex tourism industry, and transmissions were largely due to unprotected heterosexual sex. Although campaigns for the use of condoms were launched and generally successful, new cases still emerged and led to the development and importation of medicines to treat HIV. Since Thailand could not manufacture or import cheaper medication, there were still a significant number of deaths. Trade pressures by America via the US Trade Representative and the formation of a global patent regime prevented the Thai government from obtaining better access to HIV/AIDS medications.

Ayo Wahlberg also focuses on the modern period with his chapter on the developments of “Western” and “Eastern” medicine in medical practice in Vietnam. In 1955, through the efforts of President Ho Chi Minh, the use of traditional medicine was promulgated with the establishment of institutions for research, development, and use of traditional medicine. One reason for such a movement was to promote national identity by “de-colonizing” all aspects of Vietnamese society including medicine. The chapter explains the battle of the Vietnamese government against “back-

wardness," including health practices that complemented the move towards research on medicine with which people are familiar. The program is not a movement to criticize old practices and medicines, but rather to re-educate Vietnamese people towards better health practices and rediscover effective traditional medicines.

The final chapter is on Thai medical historiography. Chatichai Muksong and Komatra Chuengsatiansup look into the histories of Thailand to uncover narratives relating to medicine and public health. Prior to the colonial period, most texts relating to medical knowledge were derived from Buddhism. With the advent of the West colonizing Southeast Asia, there was a surge in the number of Western medical practitioners in Thailand. Rather than being overwhelmed by this new knowledge, the elite attempted to utilize it to further legitimize themselves. This relates to the previous chapter where localization of imported knowledge and practices occurred. The changing political environment of Thailand was accompanied by a subsequent shift from elite medical narratives to their democratization, not only due to the Westernization of Thai medical practices, but also owing to increased access by the general public to medical knowledge through medical schools.

The shortcomings of the book do not detract from the fact that each chapter presents a new perspective in Southeast Asian historiography that goes beyond the colonial framework. However, this does not mean that a Southeast Asian compilation by multiple authors is not with difficulties. A successful example would be Norman Owen's edited volume entitled *The Emergence of Southeast Asia: A New History* (2004). As such, owing to the variety and discontinuity of some chapters, one might better appreciate reading the pieces in this volume individually.

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